



# Clark County Regional Support Network Policy Statement

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<b>Policy No.</b>	<b>39</b>
<b>Policy Title:</b>	<b>Psychiatric Home Health Care Services Authorization</b>
<b>Effective Date:</b>	<b>09/01/2001</b>

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**Policy:** All services provided by the PHP contracted provider agencies for Clark County PHP covered beneficiaries must be authorized for reimbursement data monitoring and outcomes as needed by the PHP and the State. The provider agency designee or assigned clinician makes their own determination regarding medical necessity and the need to treat the client if medically necessary based on their clinical judgment. The provider then requests authorization for payment from the RSN. The RSN, based on the required IS documentation and clinical discussion with the provider, will approve, deny or modify with the provider the services to be authorized for payment. Psychiatric Home Health services are reimbursed on a fee for service basis and must be authorized by the RSN prior to services beginning in order to be reimbursed.

**Reference:** Intake and Assessment policy and procedure, Authorization Data Requirements policy and procedure, Acute Referral policy and procedure, Denial of Community Services Authorization and Appeal policy and procedure, signed Information System document, WAC 388-865, CC RSN codes.

## **Procedure:**

1. Psychiatric home health care is provided to PHP enrolled or Medicaid eligible consumers who require medically necessary skilled psychiatric nursing intervention in the home. The services are provided under a plan of care established and reviewed by a physician. Services must be focused on brief intervention and treatment must be directed at acute problems. A need for skilled nursing must exist. The consumer must be homebound for psychiatric and medical problems requiring reasonable and taxing effort to leave home, and appears at risk for hospitalization or requires the skilled assistance of a nurse for stabilization post hospitalization.
2. Agency providers, assigned clinicians or PCP's can request a psychiatric home health visit. Referrals are made to Home Care Southwest, who will screen for medical necessity and eligibility. If the consumer is Medicaid eligible for PHP services, Home Care Southwest can make one visit for evaluation purposes without contacting RSN staff. Subsequent requests for authorization will be concurrently reviewed based on documentation of continued medical necessity and consistent with the level of acuity. RSN care managers will authorize psychiatric home health service requests for up to three visits.
3. The RSN care managers will review available information by phone during normal business hours. Additional documentation maybe faxed to RSN as necessary. If the RSN care manager determines that medical necessity exists for services, a verbal authorization will be given followed by a faxed copy of the authorization for services. Please refer to the Denial of Community Service Authorization and Appeal concerning disputes about medical necessity.

4. Psychiatric skilled nursing is not a substitute for on going case management or therapy. Consumers must be enrolled in the adult mental health system and skilled nursing services must be part of a comprehensive treatment planning process.
5. If the consumer is not currently enrolled in the PHP for services, Home Care Southwest will make an acute referral to CRMHS adult program for intake and enrollment. Services will be authorized for Medicaid eligible consumers pending enrollment.
6. Home Care Southwest will call RSN care managers and review eligibility and medical necessity. Examples of consumers who are appropriate for skilled psychiatric home health are those who:
  - a) Appear at acute risk for psychiatric inpatient hospitalization and skilled nursing intervention is being used in coordination with active outpatient case management.
  - b) Do not keep medication monitoring appointments, there are concerns regarding medication compliance and there is need for intensive monitoring to prevent further decompensation
  - c) Have made a serious suicide attempt and are discharged from the hospital, but due to physical or psychiatric limitations can not attend partial hospitalization yet requires on-going monitoring to maintain present therapeutic gains.
  - d) Is in outpatient therapy and started on antidepressant medications, however, reporting increased symptoms and has missed two consecutive visits.
  - e) Need antidepressant therapeutic blood levels to be drawn, as the consumer is homebound.
  - f) Need IV administration of psychotropics and have missed a clinic appointment.
  - g) Require skilled nursing management of a comorbid medical condition that because of the individuals psychiatric limitations cannot be adequately managed safely without skilled psychiatric home health nursing.
7. RSN care managers will authorize up to one psychiatric home health visit for evaluation and assessment. Intake evaluation shall include but not be limited to the following:
  - a) Mental status examination
  - b) Current level of functioning
  - c) Functioning in daily life domains
  - d) Psychosocial assessment
  - e) Current living situation
  - f) Family circumstances
  - g) Health factors
  - h) Medical complications
  - i) Alcohol and drug use
  - j) Psychotropic medications and side effects

8. Requests for additional psychiatric home visits beyond the initial evaluation are to be made by submitting the RSN Outpatient Treatment Progress Report (see attached form) documenting continued medical necessity, appropriateness of psychiatric home nursing interventions and coordination with outpatient providers.
9. Concurrence that Clark County PHP medical necessity criteria has been met RSN care managers will authorize requests for extended psychiatric home health visits beyond the initial assessment. Authorization extensions will be for up to three (3) visits at a time.
10. Should the RSN care managers not concur that the medical necessity criteria has been met, no authorization for reimbursement will be provided. Please refer to the Policy Denial of Community Mental Health Service Authorization and Appeal of Denial concerning disputes about medical necessity.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
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**Clark County Department of Community Services**